## Exhibit C

	ase 06-10725-awz Doc	8051-3 En	tered 05/14/10 15:5	7:10 Page	2 of 10
	* ,	PRO	OOF OF CLAIM		00
Name of Debtor		Case Nu	ımber		
15A COMMINE	en in Mortgage Con	mpciny ob-	-10725-LBR		
This form should not be arising after the comme	r List of Debtors and Case Numbers used to make a claim for an administ neement of the case A "request" for may be filed pursuant to 11 U S C §	payment of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor	A 100 MILE AND REAL PROPERTY A	241003429	statement giving particulars  Check box if you have		
5385 CF	D V TWICHELL AND MICHELLE TW ROSS CREEK LN IV 89511-9037	ICHELL	never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address	SECURED INTERI ONE OF THE DEB	
Creditor Telephone Nun	nber (179 849 1220		differs from the address on the envelope sent to you by the court	Bankruptcy Court of	ady filed a proof of claim with the or BMC you do not need to file again E IS FOR COURT USE ONLY
	nt or other number by which creditor	identifies debtor	Check here replace	ces .	
	7161		if this claim amen		filed claim dated
1 BASIS FOR CLAIM	<u> </u>		benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold	Personal injury/wrongful de	eath Wages	salanes and compensation (	fill out below)	Other claims against service (not for loan balances)
Services performe  Money loaned			r digits of your SS # compensation for services pe	rformed from	,
	Other (describe briefly), MISTEPTESENTO.	trust breach of	- cantract	nomed nom	(date) (date)
2 DATE DEBT WAS IN			OURT JUDGMENT, DATE C		
4 CLASSIFICATION O See reverse side for imp		r boxes that best descr	be your claim and state the amo	unt of the claim at th	e time case filed
UNSECURED NONPR	IORITY CLAIM \$	· <u>-</u> -	SECURED CLAIM	our claim is secure	ed by collateral (including
	here is no collateral or lien securing your of the property securing it or if c) none or on		a right of setoff)  Brief description of		ad by contaction (moduling
UNSECURED PRIORIT			Real Estate		Other
Check this box if you entitled to priority	have an unsecured claim all or part of wh		Value of Collateral	\$	
Amount entitled to pri	onty \$ 5478734	•	Amount of arrearage ar	nd other charges	at time case filed included in
Specify the priority of			secured claim if any	<b>Б</b>	
	igations under 11 U S C § 507(a)(1)(A) or ommissions (up to \$10 000)* earned withi		Up to \$2 225* of deposits towa services for personal family of		
before filing of the ba	nkruptcy petition or cessation of the debtors is earlier 11 U.S.C. § 507(a)(4)		Taxes or penalties owed to go	vernmental units 1	1 U S C § 507(a)(8)
	mployee benefit plan - 11 U S C § 507(a)	(5)	Other - Specify applicable part * Amounts are subject to adjus		• , , ,
5 TOTAL AMOUNT OF	CLAIM STILTER	2 6	with respect to cases commen	oced on or after the o	date of adjustment
AT TIME CASE FILE		(:	Ψsecured)	( pnonty)	(Total)
Check this box if clair	n includes interest or other charges in ac	•	•	,	· ·
7 SUPPORTING DO	ount of all payments on this claim has CUMENTS <u>Attach copies of suppo</u> ntracts, court judgments, mortgages	orting documents, su security agreement	uch as promissory notes, pure ts and evidence of perfection	chase orders invo	ices itemized statements of
1	e documents are not available explai  COPY To receive an acknowledgi			•	envelope and copy of this
ACCEPTED) so that for each person or governmental units	completed proof of claim form mu t it is actually received on or before entity (including individuals, partne )	e 5 00 pm, prevailir erships, corporatio	ng Pacific time, on Novembons, joint ventures, trusts ar	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group	- Deal street A	BMC Gro	•		
P O Box 911	·	1330 Eas	ACM Claims Docketing Cente st Franklin Avenue	1	CD DEA 4 1 9888
El Segundo CA 902  DATE	45-0911  SIGN and print the name and title		do CA 90245	FI FI	ED DEC 11 2006
12/7/06	this claim (attach copy of po-	wer of attorney if any)	·	1011	1104 040
	MilleweTwic		chelleTwich		USA CMC
Penalty for presenting fraud	dulent claim is a fine of up to \$500 000 or i	mpnsonment for up to	5 years or both 18 USC §§	152 AND 3571	1072501735

*	ROOF OF ELAIM	7:10 Page 4 of 10		
	Number			
GRAMERCY COURT, Ltd	6-10725 (LBP)			
+ USA CAPITAL				
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense	Check box if you are			
arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	aware that anyone else has filed a proof of claim relating			
Name of Creditor and Address	to your claim Attach copy of statement giving particulars			
11321241001104	Check box if you have			
WALLS FAMILY TRUST DATED 12/10/97 C/O JOSEPH P WALLS & ELLEN WALLS TRUSTEES	never received any notices from the bankruptcy court or	DO NOT FILE THIS PROOF OF CLAIM FOR A		
2778 BEDFORD WAY CARSON CITY NV 89703-4618	BMC Group in this case	SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS		
S. M. G. M. S. M. S.	Check box if this address differs from the address on the	If you have already filed a proof of claim with the		
Creditor Telephone Number (775 - 884 - 2918	envelope sent to you by the court	Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor	Check here repla	ces		
See AttAched Sheets	if this claim amer	a previously filed claim datedd		
	ee benefits as defined in 11 U S	C § 1114(a)		
Convece nowformed     Toyles	es, salaries, and compensation ( four digits of your SS #	fill out below) Other claims against servicer (not for loan balances)		
Money loaned Other (describe briefly) Unpa	id compensation for services pe	rformed from to		
2 DATE DEBT WAS INCURRED 6/28/2014   3	F COURT JUDGMENT, DATE O	(date) (date)		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best do				
See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM			
Check this box if a) there is no collateral or lien securing your claim or b) your cla		our claim is secured by collateral (including		
exceeds the value of the property securing it, or if c) none or only part of your claim entitled to priority	a right of setoff)  Brief description of	collateral		
UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is  Real Estate Motor Vehicle Other				
entitled to priority	Value of Collateral	\$		
Amount entitled to priority \$  Specify the priority of the claim		d other charges at time case filed included in		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward	rd purchase lease or rental of property or		
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's  Services for personal family or household use -11 U S C § 507(a)(7)  Taxes or penalities owed to governmental units - 11 U S C § 507(a)(8)				
business whichever is earlier - 11 U S C § 507(a)(4)		egraph of 11 U S C § 507(a) ( )		
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	* Amounts are subject to adjus	tment on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment		
5 TOTAL AMOUNT OF CLAIM \$ \$ 60.0	000 Plus \$ 1	\$		
AT TIME CASE FILED (unsecured)	(secured) Interest	( priority) (Total)		
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges				
6 CREDITS The amount of all payments on this claim has been credited ar 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> .				
running accounts, contracts, court judgments, mortgages, security agreem	ents, and evidence of perfection	of lien DO NOT SEND ORIGINAL		
DOCUMENTS If the documents are not available, explain If the docume  8 DATE-STAMPED COPY To receive an acknowledgment of the filing				
proof of claim	·	, .,		
The original of this completed proof of claim form must be sent by ma ACCEPTED) so that it is actually received on or before 5 00 pm, preva	ul or hand delivered (FAXES N	OT THIS SPACE FOR COURT USE ONLY		
for each person or entity (including individuals, partnerships, corpora governmental units)	tions, joint ventures, trusts an	d 052 0K21		
	ND OR OVERNIGHT DELIVERY TO	L.,		
Attn USACM Claims Docketing Center Attn U	SACM Claims Docketing Center	FILED OCT 6 2 2006		
El Segundo, CA 90245-0911 El Seg	ast Franklin Avenue undo, CA 90245			
SIGN and print the name and title if any of the creditor this claim (attach copy of power of attorney, if an	or or other person authorized to file			
1/28/06 . Asem	Walls	USA CMC		
Penalty for presenting fraudulent claim is a fine of up to \$500,000 pr impresonment for up	to 5 years or both 18 USC §§ 1	52 AND 3571 1072500397		

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UNITED STATES BANKRUPTCY COURT-D	DISTI	RICT OF NEVADA	PROOF OF □ 13 12 11 □	CLAIM -Chanter		
Name of Debtor .USA COMMERCIAL MORTGAGE CO.		Case Number 06-10725				
NOTE; This form should NOT be used to make a claim for an administrati for payment of an administrative expense may be filed pursuant to 11 U.S.d				<i>y</i>		
Name of Creditor (The person or other entity to whom the de owes money or property)	ebtor	Check box if you are aware that anyone else has filed a proof of	RECTO JI	UL 1 4 2006		
Diane Walter		claim relating to your claim. Attach copy of statement giving particulars.				
Name & address where notices should be sent: c/o Beesley Matteoni, Ltd.		DCheck box if you have never received any notices from the		,		
Caryn S. Tijsseling, Esq. 5011 Meadowood Mall Way, Ste. 300		bankruptcy court in this case.				
Reno, Nevada 89502		Check box if the address differs				
Telephone number: (775)827-8666		from the address on the envelope sent to you by the court.				
		you by all yours.	THIS SPACE FO	R COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor:	Г	Check here if this claim    Treplaces   Damends   a previously filed	claim, dated	·		
1. BASIS FOR CLAIM		Retiree benefits as defined in 11 U.S.C. § 1114(a)				
☐ Goods sold		Vages, salaries, and compensation (FILL OUT BE	OW)			
Scrvices performed		Last four digits of your Social Security #				
Money loaned		Unpaid compensation for services performed from	n			
Personal injury/wrongful death		То				
Taxes		(date) (date)				
Other						
2. Date debt was incurred: 2/12/04		court judgment, date obtained:				
4. Classification of Claim. Check the appropriate box or be reverse side for important explanations.	oxes th	at best describe your claim and state the amount o	the claim at the ti	me case filed. See		
X	U	nsecured Priority Claim.				
Unsecured Nonpriority Claim \$	-	Check this box if you have an claim, all or part o	subjeb is entitled t	a ariarity		
Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of	-	Amount entitled to priority \$	which is clitical	o priority.		
the property securing it or if c) none or only part of your						
claim is entitled to priority Specify the priority of the claim:						
Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B)						
Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition, or cessation of the debtor's						
Check this box if your claim is secured by before filing of the bankruptcy petition, or cessation of the debtor's collateral (including a right of setoff) business, whichever is earlier- 11 U.S.C. § 507(a)(4)				'		
Committee (monature a right of society)	1 1	Contributions to an employee benefit plan 11 U				
Brief description of collateral:		Jup to \$2,225* of deposits toward purchase, leas		rty		
Real Estate						
Value of collateral: \$ <u>unknown</u>		Taxes or penalties owed to governmental units.		(8)		
Amount of arrearage and other charges at time case  Other -Specify applicable paragraph of 11 U.S.C. § 507(a)().						
*Amount of arreadage and other charges at time case  filed included in secured claim, if any:  *Amounts are subject to adjustment on 4/1/07 and every three years thereafter with respect to cases commenced on or after the date of adjustment.						
5. Total amount of claim at time case filed:		50,000.00				
(unsecured		(secured) (priority) (Total)				
If all or part of your claim is secured or entitled to priority			.h			
Check this box if claim includes interest, or other charges in addition to the principal amount of the claim. Attach an itemized statement of all interest or additional charges. 12%						
6. Credits: The amount of all payments on this claim has be	(This space	for court use only)				
proof of claim. 7. Supporting documents: Attach copies of supporting doc	ument	s, such as promissory notes purchase orders, invoice	1 -	,,		
itemized statements of running accounts, contracts, court						
perfection of lien. DO NOT SEND ORIGINAL DOCUM	:	$\sim$ .				
documents are voluminous, attach a summary.  8. Date-Stamped copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed				1200G		
8. Date-Stamped copy: 10 receive an acknowledgment of the filing of your claim, enclose a stamped, self-address envelope and a copy of this proof of claim.				10		
Sign and print the name and title, if any, of the	or or other person authorized to file this claim	7/14	12006			
(attach copy of power of attorney, if any):	The second	1104 0440				
Date:			1	USA CMC		
714 as Cause Tirosenine attorney for Diane walter						
	Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. 88 152 & 3571					

Case 06-10725-gwz Doc 8051-3	Entered 05/14/10 15:57:10 Dogg 6 of 10
Case 06-10725-gwz. Doc 8051-3	Entered 05/14/10 15:57:10 Page 6 of 10 PROOF OF CLAIM
Name of Sector	
1184 Commercial Mariana a	lese Number:
our company	00-10726-LBR
NOTE: See Neverse for Liet of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expensions after the commencement of the case. A "request" for payment of administrative expense may be find pursuant to 11 U.S.C. § 805.	Onesic box if you are there that anyone else has the field a proof of claim relating if YOU ARE ONLY OWED MONEY BY A BORROWE
Name of Creditor and Address:	THE PARTY AND CODE OF THE PARTY
570101000010	DESTORS YOU DO MOT HAVE TO PILE A PROOF
MAYNE DOTSON CO. Pater Donner	CEO THE COLLECTION ACCOUNT
3 Hidden Lake Court Bluffton S.C. 29910	Som the bentruptey court or DO NOT PLE THE SECON OF ALL POR
3.0. 29910	Check best if this address
	The Control of the co
	anvelope cent to you by the Benford of SMC, you do not need to file agein.  THIS SPACE IS FOR COURT USE ONLY
GRAmercy court Ltd.	Hor: March have [7] Markete
Goldanie Court Bed.	# this claim approviously filed claim deted
Goods sold Personal injury/wrongful death	odree benefits as defined in 11 U.S.C § 1114(a) Unremitted principal
Bervisse performed Trains	fages, exterior, and compensation (fill out below)
Money banks Charles Manager Manager	hat four digits of your 86 #: (not for loan balances)
1 M. Georgia incurred: 12/1/2005	L F GOURT JUDINIENT, DATE OBTAINED:
4. CLASion-IGATION OF CLASS. Check the appropriate box of boxes trip to the reverse side for important suplemations.	a describe your death and come the emount of the daily at the finise case field.
UNSECURED HONPRIORITY CLAIM \$	SOCURED CLAM
Check this box it, a) there is no colleteral or iten securing your claim, or b) your exceeds the value of the property securing it, or if a) none or enty part of your elemitted to priority	retain Check this box if your claim is secured by colleteral (including latm is in right of setoff)
UNBECURED PROPETY CLAM	Brief description of collegeral.
Check this box if you have an unaccured claim, all or part of which is	Real Estate Motor Vehicle Other
entitled to priority	Value of Colleteral \$ a dequate
Amount entitled to priority \$ Specify the priority of the claim.	Amount of arrange and other change at time and filed but into
Domestic support obligations under 11 U S.C. § 507(a)(1)(A) or (a)(1)(B)	section diffusi is and a
The Wester selected or commissions (up to \$10,000); assess within the days	Up to \$3,280° of deposits toward purchase, lease or rental of property or services for personal, family, or household use -11 U S.C § 807(a)(7)
before filing of the beniuruptoy petition or generation of the debtor's business, whichever is earlier - 11 U.S.C. § 607(a)(4).	Times or panellies award to governmental units - 11 U.S.C. 4 607(a)(8)
Contributions to an employee benefit plan - \$1 U.S.C. § 507(a)(8).	Other - Specify applicable peregraph of 11 U S C § 807(8) ()
E TOTAL AMOUNT OF CLAIM	* Amounts are authors to adjustment on 41 H07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
AT TIME CASE FELED. 6,000 - 50	56,000
(unecured)  SE Check this toot if claim includes externet or other change in addition to the add	(secured) (priority) EXTENDEDE (Total) noipel amount of the claim. Attach remixed statement of all interest or additional charges
CREDITS. The emount of all payments on this claim has been greated	imper amount of the claim. Attach remained selections of all Planes or additional charges
for the Police Clarific Constitution of the contract of the co	de accelona con est co
running accounts, contracts, court judgments, mortgages, security agree DOCUMENTS. If the documents are not available, explain. If the documents	ments, and evidence of perfection of lien. DO NOT BEND ORIGINAL
L DATE-STAMPED COPY: To receive an ecimousledoment of the Sim-	© of your daim, enclose a stamped, self-addressed envelope and copy of this
eucrosed	
The original of this completed proof of desired thinks be sent by a ACCEPTED) so that it is actually received on or before 6:00 pm, pro-	Tries Braille Manual County
	rations, joint ventures, trusts and
givernmental units)  Sinc Group	FILED NOV 1 0 2006
Alm: USACM Claims Docketing Center Alm: P. O. Box 911	CHACIE CHIMA DOCHMAN COMM
원 Segundo, CA 90245-0911 원 8	Rest Frenkin Avenue egundo, CA 90846
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Wayne Dotson by Peter	Bogart, CEO
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LANCED STATES PARENTS AVE. CHOCK TORREST	PRC	OF OF CLAIM	7:10 Page 7 01-10	
	BK-S	mber (0728) -06-100251-BR THRU		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expensing after the commencement of the case A "request" for payment of	ense	Check box if you are aware that anyone else has filed a proof of claim relating		
Administrative expense may be filed pursuant to 11 U S C § 503  Name of Creditor and Address  THE WILLIAM KOSTECHKO REVOCABLE TRUST DATED OCTOBER 31 2005 C/O WILLIAM KOSTECHKO TRUSTEE 5415 W HARMON AVE UNIT 1035 LAS VEGAS NV 89103-7013	2	to your claim Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address on the envelope sent to you by the	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS  If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again	
Creditor Telephone Number ( )		court	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies described to the second of	debtor <sup>.</sup>	Check here replace or if this claim amen	a previously filed claim dated	
1 BASIS FOR CLAIM  ☐ Goods sold ☐ Personal injury/wrongful death ☐ Services performed ☐ Taxes ☐ Money loaned ☐ Other (describe briefly) ☐ FIRST TRUST DEED	Wages, s	penefits as defined in 11 U S salaries and compensation (f digits of your SS # compensation for services per	Other claims against services (not for loan balances)	r
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	(date) (date)	-
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations				1
UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of yo entitled to priority		a nght of setoff)	our claim is secured by collateral (including	
UNSECURED PRIORITY CLAIM		Brief description of Real Estate		
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		
Amount entitled to priority \$		Amount of arrearage ar	nd other charges at time case filed included in	
Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	\$ ACCRUED [NTREST ard purchase lease or rental of property or	-
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)		Taxes or penalties owed to go	or household use 11 U S C § 507(a)(7)  Invernmental units - 11 U S C § 507(a)(8)	
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjus	agraph of 11 U S C § 507(a) ( ) stment on 4/1/07 and every 3 years thereafter noed on or after the date of adjustment	
5 TOTAL AMOUNT OF CLAIM \$	100,0		T TRUST \$ - ACCRUED INTAL	#T
AT TIME CASE FILED (unsecured)  Check this box if claim includes interest or other charges in addition to the	•	secured)	(priority) (Total) mized statement of all interest or additional charges	
CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim  7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts, court judgments, mortgages, security agreements, and evidence of penection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary is the summary is the proof of claim.  8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim.				
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, c governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center	, prevailing corporation BY HAND BMC Gro	ng Pacific time, on Novembons, joint ventures, trusts at OR OVERNIGHT DELIVERY TO	er 13, 2006 USE ONLY FLED OCT 1 2 2006	
P O Box 911 El Segundo CA 90245-0911	1330 Eas	ot Franklin Avenue do, CA 90245	)	
DATE    Sign   and print the name and title   if any   of the creditor or other person authorized to file				

Case 06-10/25	-gwz Doc 8051	PRC	OF OF CLAIM	<del>:57:10 P</del>	<del>age 8 of 10</del>
		1 170	OI OLAIM		
Name of Debtor		Case Nu	mber	1	
USA Commercial Mortgage Co	ompany	06-107	'25-LBR		
NOTE See Reverse for List of Debtors and This form should not be used to make a cla arising after the commencement of the case administrative expense may be filed pursua	im for an administrative exp e A "request" for payment o	ense of an	Check box if you are aware that anyone else has filed a proof of claim relating		Y OWED MONEY BY A BORROWER
Name of Creditor and Address			to your claim Attach copy of statement giving particulars	DEBTORS YOU D	BEING SERVICED BY THE DO <u>NOT</u> HAVE TO FILE A PROOF
	1132124203964	9		OF CLAIM THIS	INCLUDES MONEY FROM THAT .D IN THE COLLECTION ACCOUNT
WOLKEN STAN			Check box if you have never received any notices	}	
598 LARIAT CIRCLE INCLINE VILLAGE NV 894	<b>J</b> 51		from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT BTORS
		1	Check box if this address differs from the address on the	If you have alre	eady filed a proof of claim with the
Gradier Talantana N	0 7045991		envelope sent to you by the court	Bankruptcy Court	or BMC you do not need to file again E IS FOR COURT USE ONLY
Creditor Telephone Number (69) 1704  Last four digits of account or other number		debtor	F3 conto		LIGI ON COURT USE UNLY
			Check here replace or if this claim amen	. a previously	filed claim dated
1 BASIS FOR CLAIM		Retiree b	penefits as defined in 11 U S		Unifernitted principal
	l injury/wrongful death		salaries, and compensation (		Other claims against servicer (not for loan balances)
Services performed Taxes	ocerba brofisi		•	0737	(not for loan baldiless)
Money loaned	escribe briefly)	Unpaid c	compensation for services pe	errormed from	to
2 DATE DEBT WAS INCURRED /O	105	3 IF Co	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check th					he time case filed
See reverse side for important explanations			SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or	r lien securing your claim or b)	your claim	1 124	our claim is secur	red by collateral (including
	exceeds the value of the property securing it or if c) none or only part of your claim is a right of setoff)				
UNSECURED PRIORITY CLAIM			Brief description of		M 04
Check this box if you have an unsecured cla	aim all or part of which is		Real Estate		Other
entitled to priority  Amount entitled to priority			Value of Collateral	· ——	at hann and the state of the st
Amount entitled to priority \$			Amount of arrearage ar secured claim if any		at time case filed included in
Specify the priority of the claim  Domestic support obligations under 11 U S	C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward		or rental of property or
Wages salaries or commissions (up to \$10	0 000)* earned within 180 days		services for personal family of	or household use 1	1 U S C § 507(a)(7)
before filing of the bankruptcy petition or ce business whichever is earlier 11 U.S.C.	essation of the debtor's		Taxes or penalties owed to go		
Contributions to an employee benefit plan	• ,,,,		Other Specify applicable part * Amounts are subject to adjust	-	* ' ' ' '
			with respect to cases commer		date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ AT TIME CASE FILED		50,00			\$ 50,000
☐ Check this box if claim includes interest or	(unsecured) other charges in addition to the	,	secured) amount of the claim Attach ite	( pnonty) emized statement o	(Total)  of all interest or additional charges
6 CREDITS The amount of all payments	s on this claim has been cre	dited and d	leducted for the purpose of n	naking this proof	of claim
7 SUPPORTING DOCUMENTS Attact	ch copies of supporting documents mortgages security	<i>uments,</i> su agreement	uch as promissory notes pures and evidence of perfection	chase orders, invo	oices itemized statements of
B DATE-STAMPED COPY To receive proof of claim	•			•	envelope and copy of this
<u> </u>	of claim form must be son	t hy mail o	or hand delivered (EAYES A	IOT ,	THIS SPACE FOR COURT
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13 2006 USE ONLY for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and					
governmental units) BY MAIL TO BMC Group			OR OVERNIGHT DELIVERY TO	,	
BMC Group Attn USACM Claims Docketing Center		BMC Gro			FILED NOV 1 3 2006
P O Box 911		1330 Eas	t Franklin Avenue		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
El Segundo CA 90245-0911  DATE SIGN and prin	t the name and title if any of th		do CA 90245 r other person authorized to file		USA CMC
	my attach copy of power of attor	ney If any)	Faran wanterwood to the		
10 30 06 Stan C Wollian 1072501308					

United States Color Day Co.	PRO	OOF OF CLAIM	<del>/u Pay</del>	E-A-01-T0
Name of Debtor Case Nur		ımber		
USA Commercial Mortgage Company	06-10	725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp		D Observations		
arising after the commencement of the case. A "request" for payment of	ense of an	Check box if you are aware that anyone else has	15 VOII 455 ON	
Name of Creditor and Address		filed a proof of claim relating to your claim. Attach copy of	WHOSE LOAN IS	Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
hame of Creditor and Address	<b>Q</b>	statement giving particulars	OF CLAIM THIS	O <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT
WRIGHT, WANDA		Check box if you have never received any notices	BORROWER HEL	D IN THE COLLECTION ACCOUNT
16500 PYRAMID HWY RENO NV 89510		from the bankruptcy court or BMC Group in this case		S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT
	NDA	Check box if this address	ONE OF THE DEB	
WRIGHT REVOCABLELIVING TRUCT		differs from the address on the envelope sent to you by the		ady filed a proof of claim with the or BMC, you do not need to file again
WANDA WRIGHT, TRUSTEE OF THEWAN WRIGHT REVOCABLE LIVING TRUST Creditor Telephone Number (775 475-0161		court		E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor	Check here replac	ces a previously	filed claim oated
		if this claim amen	ds proviously	med claim dated
1 BASIS FOR CLAIM ☐ Goods sold ☐ Personal injury/wrongful death ☐	Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Services performed Taxes	1	salaries and compensation (f	ill out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly)		digits of your SS # compensation for services per	formed from	•
	Onpaid (	omportunition for solvidos por	ioinioa iioini	(date) to
2 DATE DEBT WAS INCURRED 12-30-2005		OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	t best descr		ınt of the claım at th	e time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM  Check this box if you	ur claim is secur	ed by collateral (including
Check this box if a) there is no collateral or lien securing your claim, or b) exceeds the value of the property securing it or if c) none or only part of yo	your claim our claim is	a right of setoff)	ui ciaiiii is secuit	ed by conateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	collateral	
Check this box if you have an unsecured claim all or part of which is	Real Estate	Motor Vehicle	Other	
entitled to priority		Value of Collateral	\$ 50,	000 00
Amount entitled to priority \$ Amount of arrearage and other charges at time			at time case filed included in	
Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_			
Wages salaries or commissions (up to \$10,000)* earned within 180 days	L	Up to \$2 225* of deposits towa services for personal, family o	r household use 11	USC § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)		Taxes or penalties owed to gov		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable para * Amounts are subject to adjus		
5 TOTAL AMOUNT OF CLAIM \$		with respect to cases commen	ced on or after the o	date of adjustment
AT TIME CASE FILED	5 pg , 4	20 00 + \$ 1775	(t-)	\$
(unsecured) (secured) (priority) (Total)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges				
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim				
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of				
running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary				
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped, self-addressed envelope and copy of this proof of claim				
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT  ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and				
governmental units)			ď	I
BY MAIL TO BMC Group Attn USACM Claims Docketing Center  BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center  Attn USACM Claims Docketing Center  FILED OCT 0 9 2006				
P O Box 911 1330 East Franklin Avenue				
		do, CA 90245		I
this claim (attach copy of power of attorney if any)  USA CMC				
		SIGHT TRUSTER		1072500501
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonmen				1072000301

PRO	OOF OF CLAIM		
Name of Debtor Case Mortgage Company Case No.			
non com 06-	10725 LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense	Check box if you are OCT 47 3 15 FH 105		
arising after the commencement of the case. A request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503	aware that anyone else has filed a proof of claim relating to your claim Attach copy of		
Name of Creditor and Address	statement giving particulars		
Name of Creditor and Address  Every D. Yony, Trustec  1982 Country Cove Ct  LV NV 89135-1552	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case		
LV WV 89135-1552	Check box if this address differs from the address on the		
Creditor Telephone Number ( ) 792 233 -1444	envelope sent to you by the court  THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor	Check here replaces or a previously filed claim dated fithis claim amends		
	benefits as defined in 11 U S C § 1114(a) Unremitted principal		
1 🗔 6	salanes and compensation (fill out below) or digits of your SS #  Other claims against service (not for loan balances)		
	compensation for services performed from to		
2 DATE DEBT WAS INCURRED 1-15-2004 3 IF	(date) (date) COURT JUDGMENT, DATE OBTAINED		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best desc			
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) your claim			
exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority	Bnef,description of collateral		
UNSECURED PRIORITY CLAIM  Check this box five box or unsecured claim, all or part of which is	Real Estate Motor Vehicle Other		
Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collateral \$ 5,100,000		
Amount entitled to priority \$  Specify the priority of the claim	Amount of arrearage and other charges at time case filed included in secured claim if any \$ \( \frac{4500.00}{20} \)		
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225° of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7)		
Wages salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	Other Specify applicable paragraph of 11 U S C § 507(a) ()  Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter		
E TOTAL AMOUNT OF CLASS.	with respect to cases commenced on or after the date of adjustment		
5 TOTAL AMOUNT OF CLAIM \$ \$54,	(secured) (priority) (Total)		
	I amount of the claim Attach itemized statement of all interest or additional charges		
6 CREDITS The amount of all payments on this claim has been credited and			
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain if the documents are voluminous attach a summary			
	your claim enclose a stamped self addressed envelope and copy of this		
The original of this completed proof of claim form must be sent by mail ACCEPTED) so that it is actually received on or before 5 00 pm prevail for each person or entity (including individuals partnerships corporate	ng Pacific time on November 13 2006 USE ONLY		
	O OR OVERNIGHT DELIVERY TO		
	ACM Claims Docketing Center		
	st Franklin Avenue ndo CA 90245		
DATE SIGN and print the name and title if any of the creditor this claim (attach copy of power of attorney if any			
10/23/2006 angury youan avegory	D Yong, Family Trust 1072501019		
Penalty for presenting fraudule infoliaim (s)a fine of up to \$500 000 or imprisonment for up to	5 years or both 18 U S C §\$ 152 AND 3571		